

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73518

Title: Secondary coronary artery ostial lesions: Three case reports

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06112262

Position: Editorial Board

Academic degree: PhD

Professional title: Academic Research, Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-11-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-02 07:52

Reviewer performed review: 2021-12-02 16:19

Review time: 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I have gone through this interesting and rare case reports of secondary coronary artery ostia lesions. However, the ECG of these three cases are missing, and it would be perfect if the author could make it up.

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Reviewer's code: 06144551

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-11-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-03 12:47

Reviewer performed review: 2021-12-15 16:31

Review time: 12 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Review comment: The authors wrote three exciting and rare cases of a non-atherosclerotic lesion in the ostial of coronary arteries that presented as acute coronary syndromes. These rare cases can increase the awareness of non-atherosclerotic lesion etiologies in several types of patients, such as an ostial lesion, a patient with underlying comorbidity, possible compression of an aneurysmatic lesion, and congenital anomalies in daily clinical practices. 1. There are some redundant data, especially the imaging studies. It is better to write the whole case one by one, as per guideline, to explain systematically and minimize redundancy. 2. It would be better if the author put the ECGs and chest x-rays, especially the first case with thymic carcinoma. 3. Are there any symptoms and signs of thymic carcinoma in the first case? How did the author decide to do the CTA coroner in the patient? 4. In the second case, one of the possibilities of SVA etiology is Takayasu arteritis. How about this patient? Are there any lesions in the aorta as well? Since the patient also had hypertension, is there any disease in the renal artery? Please also state it as one of the acquired etiologies of SVA in the discussion. How was the regional wall motion of the LV in the echocardiography? 5. In the last patient, please use the drug's generic name (betaloc= metoprolol tartrate). There is a discrepancy of angina type in the discussion section; the authors stated that the chest pain was during exercise, while in the case illustration was unstable angina. Was it a crescendo angina? 6. CTA figure: the lesion will be better visualized if evaluated using window width (WW) and window level (WL) for CT angiography coroner (like figure 3B). The WW is started at 800, and the WL is initiated at 300. Then it can be adjusted for contrast intensity and calcification. It is better to mention the imaging views shown in the figures. 7. Figure 2: ostial of RCA is also better visualized in sagittal view. 8. There



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are minor grammatical errors, miss-typed, and an abbreviation at the beginning of a sentence. 9. Secondary coronary artery ostia lesions reported previously are often involved by syphilitic vasculitis, aortic dissection, and other reasons. □the author should put a reference in this sentence.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

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Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-11-30

Reviewer chosen by: Xin-Ran Guo

Reviewer accepted review: 2022-01-25 05:51

Reviewer performed review: 2022-01-31 01:39

Review time: 5 Days and 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors have responded to all the comments.